

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/890836

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3		1		
5		3		1		
6		3		1		
7		3		1		
8		3		1		
9		3		1		
10		3		1		
11		3		1		
12		3		1		
13		3		1		
14	1		1			
15		1		1		
16	1		1		1	
17		1		1		1
18		1		1		1
19		1		1		1
20		1		1		1
21		1		1		1
22		2		2		1
23		2		2		1
24		2		2		1
25	1		1			1
26		1		1		1
27	1		1			1
28	1		1			1
29		1		1		1
30		1		1		1
31		4		1		(1)
32		4		1		
33		4		1		
34	1		1			
35	1		1			
36		1		1		
37		1		1		
38		1		1		
39		1		1		
40		1		1		
41		5		1		
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	8	↓	8	↓	1	↓
TOTAL DEP.	26	↓	36	↓	15	↓
TOTAL CLAIMS	74		44		16	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEENDMENTS

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